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**FROM:** Mika Mayer**DATE:** January 24, 2005

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**Comments:****OFFICIAL FILING**

Examiner M. Patel

Art Unit: 3743

Re: U.S. Patent Application No. 10/827,073

Title: METHODS AND DEVICES FOR IMPROVING BREATHING IN PATIENTS WITH  
PULMONARY DISEASE

Filing Date: April 19, 2004

Inventors: Rajiv DOSHI

Attorney Docket No. 578632000201

Papers enclosed herewith:

1. Transmittal - 1 page
2. Revocation of Power of Attorney and Appointment of New Power of Attorney - 1 page

**PLEASE ACKNOWLEDGE RECEIPT VIA RETURN FACSIMILE**

PTO/SB/21 (09-04)

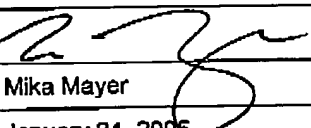
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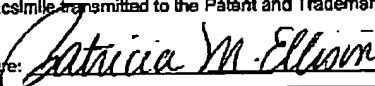
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/827,073
		Filing Date	April 19, 2004
		First Named Inventor	Rajiv DOSHI
		Art Unit	3743
		Examiner Name	M. Patel
Total Number of Pages in This Submission	2	Attorney Docket Number	578632000201

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address - 1 page <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax cover sheet
Remarks		

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Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Mika Mayer		
Date	January 24, 2005	Reg. No.	47,777

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306, on the date shown below.	
Dated: January 24, 2005	Signature:  (Patricia M. Ellison)

PTO/SB/92 (06-03)

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<b>REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY</b>	Application Number	10/827,073
	Filing Date	April 19, 2004
	First Named Inventor	Rajiv DOSHI
	Art Unit	3743
	Examiner Name	M. Patel
	Attorney Docket Number	578632000201

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number: 
☒ Please change the correspondence address for the above-identified application to:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name Rajiv Doshi

Signature 

Date

01/12/05

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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forms are submitted.